FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000001393 (6)**

1. Corporation Name

MANDRELL, INC.

Principal Place of Business	Mailing Address
P.O. BOX 800 HENDERSONVILLE TN 37077	P.O. BOX 800 HENDERSONVILLE TN 37077

3. Date Incorporated or Qualified: **03/23/1995**
3a. Date of Last Report: **3/10/95**

4. FEI Number: **62-1138676** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 605 C N,MAIN	26 605C N,MAIN
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ASHLAND CITY, TN	28 City & State: ASHLAND CITY, TN
24 Zip: 37015 25 County: CHEATHAM	29 Zip: 37015 30 County: CHEATHAM

9. Name and Address of Current Registered Agent

GENTH, KATHY
1814 GULF BLVD.
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	☐ DELETE	11 TITLE	CP	☒ Change ☐ Addition
NAME	MANDRELL, LOUISE		12 NAME	MANDRELL, LOUISE	
STREET ADDRESS	102 HAZEL PATH		13 STREET ADDRESS	1100 ROBIN HOOD RD	
CITY-ST-ZIP	HENDERSONVILLE TN 37077		14 CITY ST ZIP	ASHLAND CITY, TN 37015	
TITLE	CS	☐ DELETE	21 TITLE	CS	X ☐ Change ☐ Addition
NAME	MANDRELL, MARY		22 NAME	MANDRELL, MARY	
STREET ADDRESS	148 LA VIEW RD.		23 STREET ADDRESS	1101 HUNTER LANE	
CITY-ST-ZIP	HENDERSONVILLE TN 37077		24 CITY ST ZIP	ASHLAND CITY, TN 37015-2829	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY ST ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY ST ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY ST ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY ST ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary E. Mandrell MARY E. MANDRELL 3-12-96 615-792-1103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE